

LDRP Form E: Certificate Of Completion

This certificate is filled out by the project applicant (owner) upon completion of the landscape project.

Project Name: _____

“PLN” Number (Bldg. Permit) or Tract Number (Improvement Plan): _____

Part 1. Project Information Sheet (Submit with Form F)

Date		
Project Name		
Name of Project Applicant	Telephone No.	
	Fax No.	
Title	Email Address	
Company	Street Address	
City	State	Zip Code

Project Address and Location:

Street Address		Parcel, Tract or Building Permit Number
City		Latitude/Longitude (optional)
State	Zip Code	

Property Owner or his/her designee:

Name	Telephone No.	
	Fax No.	
Title	Email Address	
Company	Street Address	
City	State	Zip Code

Property Owner:

“I/we certify that I/we have received copies of all the documents within the Landscape Documentation Package and the Certificate of Completion and that it is our responsibility to see that the project is maintained in accordance with the Landscape and Irrigation Maintenance Schedule.”

Property Owner Signature

Date

Print Name: _____

Please answer the questions below:

1. Date the Landscape Documentation Package was submitted to the City _____
2. Date the Landscape Documentation Package was approved by the City _____
3. Date that a copy of the Water Efficient Landscape Worksheet (including the Water Budget Calculation) was submitted to the local water purveyor (ACWD) _____